



# Loan Application

Community Capital Resources, 7 West Cross Street, Hawthorne NY 10532  
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## APPLICANT INFORMATION

Name of Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ SS #: \_\_\_\_\_ E-mail \_\_\_\_\_

## BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ TIN: \_\_\_\_\_ E-mail \_\_\_\_\_

Business Structure:  C Corporation  S Corporation  Sole Proprietorship  Partnership  LLC

Is the Business Registered? Yes  No

Is the Business: Startup  Existing  Start Date: \_\_\_\_\_ How Long Under Current Management \_\_\_\_\_

Nature of Business (Product or Service): \_\_\_\_\_

Business Net Income: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_ How Many New Employees Will Be Hired? \_\_\_\_\_

Affiliates/Subsidiaries: \_\_\_\_\_

## PRINCIPALS

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

Home address: \_\_\_\_\_  Own  Rent

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Personal Net Income \$ \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_ Household Size: \_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

Home address: \_\_\_\_\_  Own  Rent

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Personal Net Income \$ \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_ Household Size: \_\_\_\_\_

## OPTIONAL

Race/Ethnicity:  AfricanAm  White  Hispanic  PuertoRican  NativeAm  Asian/Pacif  Eskimo/Aluet  MultiGroup

Veteran Status:  Non-Vet  N-era Vet  Other Vet Household size: \_\_\_\_\_ TANF recipient? \_\_\_\_\_

Business Ownership:  100% female owned  51-100% female owned  less than 50% female owned  
 100% ethnic/minority owned  51 – 100% ethnic/minority owned  less than 50% ethnic/minority owned

